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Section IV: Expanding the Usage of Medication

Ethical Considerations in Use of Medications by Military Aircrew

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Those who make decisions employ a moral component in the process of rationalizing a chosen course of action – ethics. Military flight surgeons often find themselves making decisions involving competing interests, those of the military service whose mission they support (and by whom the flight surgeon is generally employed), and the best interests of the individual military aviator with whom exists a physician-patient relationship. In this respect, military flight surgeons and occupational medicine physicians share a common challenge. However, when the employer is a military service and the employee/patient is a military aviator, the ethical issues for the physician take on added dimensions beyond those typically encountered in the practice of occupational medicine.

Samuels wrote of absolute moral imperatives as the foundation for ethical decisions by individual physicians and stated that preservation of life and freedom are absolute moral imperatives.³ Military physicians certainly support these two moral imperatives, but must do so in a culture where risk of loss of life is accepted at a much higher level than can be found in civilian occupations. In the use of medications in military aviators, the flight surgeon balances mission factors, the interests of the military service, and the interests of the long-term health of the aviator.

Lee and Rom wrote of three interrelated spheres of influence in decision-making: law, scientific fact, and ethics.¹ In the paragraphs that follow, we will briefly explore the ethical sphere and the act of striking an intelligent balance between these spheres of influence. Our discussion will touch on third party relationships in military aerospace medicine, conflict of interest, established ethical codes, and some ethic-driven duties for the military flight surgeon when making decisions.

Established Codes of Ethics

Because aerospace medicine is the science of medically supporting those who practice their occupations in the aerospace environment, occupational medicine is the closest match when seeking a template code of ethics for the practice of aerospace medicine. Generally such codes hold foremost the principle of giving the health and safety of the worker the highest priority. Table 1 contains the Code of Ethical Conduct established by the American College of Occupational Medicine. Neither this code, nor the code for occupational health services established by the Canadian Medical Association, fits military aerospace medicine precisely, because of the access permitted to commanders in most military services to specific medical information about the health of military members, and because of the higher level of generally accepted risk in military operations. However, several basic principles prevail in these codes: 1) priority for the health and safety of the worker, 2) honesty, 3) accurate risk communication, 4) confidentiality within the law, and 5) proper balance in judgments to avoid undue influence by third party interests. In a wartime setting, the balance of the basic principles shifts towards a greater degree of acceptable risk, but the ethical commander will continue to apply the basic principles, adjusting the balance in accordance with operational imperatives.

Some would add to these codes the principle of informing the worker of those who have legal access to their health information, which we will discuss further in a later paragraph. Some would question the practicality of the principle of objectivity as stated in the codes, especially in third-party relationships. As Samuels points out, judgment is never fully objective.³ It's best to acknowledge and be aware of personal values and

third-party relationships, and to be aware of how they may influence our judgment and affect our ability to consider the options from a detached perspective. Judgment also entails acknowledging when our own objectivity is inadequate for a particular decision.

The Military Service as a Third Party

As stated earlier, occupational medicine physicians must balance the best interests of the worker and the employer. In most instances, these interests are not conflicting – what’s best for the health and fitness of the worker is also in the best interest of the employer. When practiced in a military service, some significant factors warrant consideration by the physician, particularly in aerospace medicine. First, the modern military unit depends on its individual members for operation of technologically sophisticated weapon systems, and the performance of each individual is becoming increasingly crucial to mission success and the safety of fellow operators. This factor reinforces the importance of medications for operational prevention, such as malaria prophylaxis; likewise, this factor can also lead to interest in the use of medications as fatigue countermeasures. Since no medication is completely risk-free, the flight surgeon must weigh both mission benefit as well as risk to the aviator (and to the mission if the medication produces a side effect). Second, military members, particularly aviators, are quite mission-focused and often fail to consider their own personal long-term health when they require medical therapy or operational use of medications. At times, the flight surgeon may be the only person fully considering the member’s long-term well-being, and may be pressured by the member to employ sub-optimal therapy because it is more mission expedient, or to employ an operational drug which enables the member to remain in the mission. In fact, pressure of this sort is probably more common from the military aviator than from the unit commander. However, particularly since the Persian Gulf campaign, we have seen that significant concerns may arise after military operations about the health effects of those operations – a concern that certainly encompasses operational use of medications. Such concerns do arise in members even though mission focus may have led them to actively seek a medication prior to the mission. The flight surgeon must not allow pre-mission enthusiasm on an aviator’s part to lead to circumvention of the basic duty to communicate and manage risk.

Rosenstock and Cullen stated, “In addition to being a potential source of health risk, work is also a central and crucial component of life for most adults, encompassing both positive and negative aspects.”⁴ Military members, aviators in particular, identify strongly with their occupations and often consider the need for therapeutic medication a threat to their ability to continue in their occupation; conversely they often see operational medication as a means to enhance or ensure performance. The military flight surgeon must be aware of these short-term perceptions, but must also ensure the use of medication is not a detriment to the long-term health of the aviator. When selecting a therapeutic medication for a chronic condition, the flight surgeon seeks a medication compatible with continued flying duties while providing disease control in accordance with existing standards of care. The flight surgeon often must also explain to the unit commander that the long-term health of the aviator is actually in the best interest of the military service, although occasional mission emergencies in actual conflict may on occasion force a short-term focus.

Confidentiality

As we mentioned previously, a common theme in occupational medicine ethics is preservation of confidentiality regarding a worker’s health by limiting access by third parties to that permitted by law. However, even legal access may lead to significant consequences for the worker – a fact most aviators (civil and military) fully appreciate. In the context of therapeutic use of medications, the military aviator must be informed of the impact of the treatment on his or her fitness to perform in accordance with the directives of the service, and of who must be informed of the treatment. Most military services allow commanders access to details of the health of aviators because the importance of a fit and healthy aviator to the mission and safety of others is deemed a greater good that overrides individual confidentiality – analogous to the greater good of a public health concern in civilian practice. While use of health information by the employer to determine job qualification in civilian industry is often regarded by law as discrimination, such a practice is commonly legal in military services due to mission and safety requirements for high levels of physical performance.

Obligation to Inform and Obtain Consent

The duty to inform the patient of the details of his or her condition and the various treatment options available is fundamental to the relationship between a physician and patient. This takes on added importance in military aerospace medicine because chronic conditions requiring therapy frequently affect the patients' ability to perform in their occupation. The flight surgeon has the moral duty to fully inform the aviator of the long-term health implications of all treatment options, and the occupational ramifications of each. Likewise, the flight surgeon has the duty to inform the unit commander and the service qualification authority of the aviator's condition and its impact on the aviator's ability to perform safely and effectively. Commensurate with the duty to inform is the duty to document. In most military medicine settings the medical record is the property of the service, but the member has access to information within the record. Accurate documentation by the flight surgeon is essential to the interests of the military service and the aviator.

When using medication for operational indications, the flight surgeon is prescribing for other than therapeutic reasons. In most instances, the medication is taken to prevent maladies such as endemic infectious disease. However, in some missions, factors such as fatigue and circadian desynchronization can pose significant threats to the ability of the aviator to perform. Such effects can be mitigated by use of medication, and the flight surgeon must balance the safety of the medication against the threats posed by fatigue to the aviator's safety and to the mission. The flight surgeon has the duty to inform the aviator and the unit commander of risks inherent in the use of operational medication.

Some nations require voluntary consent by the military member when using medications in military operations for reasons other than those formally approved by the respective national drug certification body. The flight surgeon has the duty to ensure such consent is truly voluntary. Samuels outlined three recommended safeguards for voluntary consent: 1) protection for those who might refuse consent; 2) effective efforts to educate; and 3) oversight of the process through a community or other relatively neutral structure.³ When the flight surgeon is in a situation requiring voluntary consent for use of a medication,

application of such safeguards helps avoid an atmosphere of coercion.

Military flight surgeons should consider carefully each of the three spheres of influence when prescribing medications for therapeutic or operational use by aviators: scientific fact, law, and ethics. Physicians classically devote great time and energy to building factual knowledge, and flight surgeons work hard to know applicable laws and service directives, but we devote little time to formal knowledge of the moral component to decision-making in aerospace medicine. Ethical issues in aerospace medicine are particularly important because the relationships between the three primary parties (the aviator, the flight surgeon, and the military service) are unique in terms of acceptable risk, confidentiality, and motivation. The flight surgeon who understands the relationship and his or her own values and interests will be most likely to optimally balance the three spheres of influence when making decisions.

All flight surgeons encounter the situation in which the aviator desires a therapeutic plan that is not in the best interest of the aviator's long-term health. Generally the aviator in such a situation is giving heaviest consideration to near-term qualification to perform and is concerned about a potentially disqualifying treatment. Flight surgeons should search diligently for a therapeutic plan that adequately addresses the health risks posed by the underlying condition while enabling the aviator to remain qualified for flying duties. In most cases, standards require that a condition be adequately treated in order to qualify for continued flying duties. However, in many systems conditions such as untreated hyperlipidemias and mild hypertension remain acceptable for flying duties. When faced with an aviator requesting substandard treatment in order to avoid a qualification issue, the flight surgeon must consider the ethical duty to serve the best interests of the long-term health of the aviator. Often a second opinion from another flight surgeon or clinical specialist is useful in clearly defining the best treatment plan which balances the spheres of influence.

The flight surgeon must be mindful of the basic ethical duties within the context of applicable laws and directives: the duty to serve the best interests of the long-term health of the aviator, the duty to support mission accomplishment, the duty to keep information confidential, the duty to communicate risk, the duty to document, the duty to avoid the

influence of conflict of interest, and the duty to obtain voluntary consent.

References

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3. Samuels S. On the Ethical Practice of Environmental and Occupational Medicine. in *Environmental and Occupational Medicine*, Third Edition. Lippincott-Raven; 1998.
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TABLE 1: Code of Ethical Conduct for Physicians Providing Occupational Medical Services
(American College of Occupational Medicine)

These principles are intended to aid physicians in maintaining ethical conduct in providing occupational medical service. They are standards to guide physicians in their relationships with the individuals they serve, with employers and workers' representatives, with colleagues in the health profession, and with the public. Physicians should:

1. Accord highest priority to the health and safety of the individual in the workplace;
2. Practice on a scientific basis with objectivity and integrity;
3. Make or endorse only statements which reflect their observations or honest opinion;
4. Actively oppose and strive to correct unethical conduct in relation to occupational health service;
5. Avoid allowing their medical judgment to be influenced by any conflict of interest;
6. Strive conscientiously to become familiar with the medical fitness requirements, the environment and the hazards of the work done by those they serve, and with the health and safety aspects of the products and operations involved.
7. Treat as confidential whatever is learned about the individuals served, releasing information only when required by law or by overriding public health considerations, or to other physicians at the request of the individual in relation to work, but employers are not entitled to diagnoses or details of a specific nature;
8. Strive continually to improve medical knowledge, and should communicate information about health hazards in timely and effective fashion to individuals or groups potentially affected, and make appropriate reports to the scientific community;
9. Communicate understandably to those they serve any significant observations about their health, recommending further study, counsel or treatment when indicated;
10. Seek consultation concerning the individual or the workplace whenever indicated;
11. Cooperate with governmental health personnel and agencies, and foster and maintain sound ethical relationships with other members of the health professions; and
12. Avoid solicitations of the use of their services by making claims, offering testimonials, or implying results which may not be achieved, but they may appropriately advise colleagues and others of services available.